

## Electronic Patent Application Fee Transmittal

|   |  |                 |               |                             |
|---|--|-----------------|---------------|-----------------------------|
| <b>Application Number:</b>                  | 09038894   |                 |               |                             |
| <b>Filing Date:</b>                         | 11-Mar-1998  |                 |               |                             |
| <b>Title of Invention:</b>                  | METHODS OF DIAGNOSIS AND TRIAGE USING CELL ACTIVATION MEASURES |                 |               |                             |
| <b>First Named Inventor/Applicant Name:</b> | ROLAND STOUGHTON   |                 |               |                             |
| <b>Filer:</b>                               | Fariborz Moazzam   |                 |               |                             |
| <b>Attorney Docket Number:</b>              | 17124-003001 / 2202  |                 |               |                             |
| Filed as Small Entity                       |  |                 |               |                             |
| <b>Utility      Filing Fees</b>             |  |                 |               |                             |
| <b>Description</b>                          | <b>Fee Code</b>  | <b>Quantity</b> | <b>Amount</b> | <b>Sub-Total in USD(\$)</b> |
| <b>Basic Filing:</b>                        |  |                 |               |                             |
| <b>Pages:</b>                               |  |                 |               |                             |
| <b>Claims:</b>                              |  |                 |               |                             |
| <b>Miscellaneous-Filing:</b>                |  |                 |               |                             |
| <b>Petition:</b>                            |  |                 |               |                             |
| <b>Patent-Appeals-and-Interference:</b>     |  |                 |               |                             |
| <b>Post-Allowance-and-Post-Issuance:</b>    |  |                 |               |                             |
| <b>Extension-of-Time:</b>                   |  |                 |               |                             |
| Extension - 3 months with \$0 paid          | 2253   | 1               | 525           | 525                         |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| <b>Miscellaneous:</b>             |          |          |        |                      |
| Request for continued examination | 2801     | 1        | 405    | 405                  |
| <b>Total in USD (\$)</b>          |          |          |        | <b>930</b>           |